Division of Health Service I	Regulation					FORM A	PPROVE	
STATEMENT OF DEFICIENCIES AND PLAN OF CONRECTION	(X1) PROVIDERSUPPLIERCLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING: 01				(X3) DATE SURVEY COMPLETED		
	HAL011188	B. WING						
NAME OF PROVIDER OR SUPPLIES	STREET	DDDDDD CITY	entre entre			04/08	/2016	
RICHMOND HILL REST HOM	95 RICHI	MOND HILL F	STATE ZIP CODE					
	ASHEVIL	LE, NC 2880	ME CAND					
	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	PREFIX TAG	PROVID		F CORRECTION		(95) COMPLETE	
	·	1,763	Onoda-Hiji-	DEFICIEN	THE APPROPRIED	RIATE	DATE	
C 000 Initial Comments		C 000						
Report of Biennial Harrell on 4-8-2016	Construction Survey by Dennis 3.		Please	see	aute	iched.		
licensed on 12-21-	nis 12 bed facility was first 1989. Based on this			S	pue.			
information, the fac 1978 NC State Bull	cility was surveyed using the ding Code for Institutional pancies, the 1987 Minimum							
atangards and Red	Italians for Homes for the							
Aged and Disabled	and the applicable portions of or Adult Care Homes of Seven							
C 166 Housekeeping-Main	ntained Free of Hazards	C 166						
FURNISHINGS	06 HOUSEKEEPING AND							
 (a) Adult care home (5) be maintained in orderly manner, free hazards; 	s shall; n an uncluttered, clean and e of all obstructions and							
(e) This Rule shall a facilities.	apply to new and existing							
This Rule is not me Based on observation	in the facility failed to be							
not equipped with be are not equipped with work during a power	azards because of exit signs ittery back-up. Exit signs that h battery back-up will not failure and could delay an							
Finding includes:	argency.							
Two of the exit signs equipped with battery	above exit doors were not back-up.					1		
C 189 Building Equipment N	Asintained Safe, Operating	C 189						
on of Health Service Regulation								
WHORE DRECTORS OR PROVIDED	SUPPLEH REPRESENTATIVE'S SIGNAL	cueé:	gm	0.02		- 040 D	WE :	
FORM	Starte le	Low		astra	4 4	1.20	11	
	itii	BWZ	H21	1121141	1100	-67-1	6	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIENCLIA	E PROPERTY AND ADDRESS OF THE PARTY AND ADDRES				
	IDENTIFICATION NUMBER:	A DUILDING 0	CONSTRUCTION	COMPLETED (X3) DATE SURVEY		
	HAL011188	IL WING				
NAME OF PROVIDER OR SUPPLIER	STHEET A	XXXIISS. CITY, ST	474	04/08/2016		
RICHMOND HILL REST HOME	N 5 95 BICHN	MOND HILL RO	ATE, ZIP CODE			
	ASHEWI	LE, NC 28806	inu			
PREFIX (EACH DEFICIENCY TAG REGULATORY OF LE	EMENT OF DEFICIENCIES	ID	PROMINERS BLANCE OF	Name of Party		
	C IDENTIFYING INFORMATION)	PREFIX. TAG	CROSS-REFERENCED TO THE DEFICIENCY	N SHOULD BE COMPLETE		
C 189 Continued From pag	e 1	C 189				
SECTION .0300 - PI	YSICAL PLANT	0.00				
TUA NCAC 13F .031	1 OTHER					
REQUIREMENTS	all Was and					
medianical and him	all fire safety, electrical, mbing equipment in an adult			'		
vore rigine shall be n	î					
OPER MUNICIPOLICA		1				
(K) This Rule shall a	oply to new and existing					
which shall not apply	option of Paragraph (e)					
	to existing racinties.					
This Duty to						
This Rule is not met as evidenced by: 1. Based on observation, the battery powered						
michi negocu. pampany	Company of company of the company of					
THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL						
could endanger the re	sidents and staff.					
Based on observative	on the required one-hour					
THE PRINCE WALLS BUILDING	INCR MOREO COMPANIO					
materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly special.		1				
CONTRACTOR OF THE MICHIEV.	desaity spread to diner					
Findings include:						
 a. Hole in the ceiling o b. Hole in the wall in th 	the med closet					
or one wall in the	e oic room.	4				
		F.				
	:					
of Health Service Regulation						
OF PRODUCE CAMBROOK PARTIES						

April 26, 2016

Date of Survey - April 8, 2016 Richmond Hill Rest Homes #5

10A NCAC 13F.0306

The exit signs were removed and replaced with the correct battery backup exit lights. All homes were assessed to ensure all exit signs were battery backup.

Completed: April 11, 2016

10A NCAC 13F .0311

- Bmergency light was removed from med closet since the closet is not used except to keep resident books. We have med carts that hold the residents medication. The exit hole left behind from the removal was covered using the appropriate sheet rock and fireproof caulking. Completed: April 26, 2016
- The holes in the ceiling of the med closet were sealed with fireproof caulking. The hole in the wall behind the SIC door was repaired using the appropriate sheet rock. Administrator will monitor buildings on a monthly basis to ensure there are no holes. Completed: April 11 and ongoing.

Ttalk W. Jone